PTO/SB/17 (12-04

Date: February 9, 2006

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FEB 0 9 2006

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Effective on 12/08/2004.	Complete if Known					
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)	Application Number 10/720,237		0/720,237			
FEE TRANSMITTAL	Filing Date		November 25, 2003			
For FY 2006	First Named Inventor		TAKASHI SHIBUYA ET AL.			
Applicant claims small entity status. See 37 C.F.R. 1.27	Examiner Name Ryan M. Gleit		Ryan M. Gleitz			
	· · · · · · · · · · · · · · · · · · ·		2852			
TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. 03500.017737						
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$)	ARCH FEES Small Entity (\$) Fee(\$)	EXAM	INATION FEE Small Entity Fee(\$)	S Fees Paid (\$)		
Utility 300 150 500		200	100			
Design 200 100 100		130 160	65 80			
Plant 200 100 300 Reissue 300 150 500		600	300			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) 50 25 20 100 360 180						
Total Claims	Paid (\$)	Multiple	Dependent Cla	ms .		
9 - 20 or HP = 0 x 0 = 0)	<u>Fee</u>	_	ee Paid (\$)		
Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)						
1 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = / 50 = (round up to a whole number) x =						
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other:						
SUBMITTED BY						
Signature Maul Music		tration No. ney/Agent) 3	3,628	Telephone 202-530-1010		

Mark A. Williamson

Name (Print/Type)





BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINER GROUP 2852

03500.017737

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
••	: Examiner: R. Gleitz
TAKASHI SHIBUYA ET AL.)
	: Group Art Unit: 2852
Application No.: 10/720,237)
	: Confirmation No.: 4343
Filed: November 25, 2003)
	:
For: IMAGE FORMING)
APPARATUS HAVING AN IM	AGE: February 9, 2006
BEARING MEMBER WITH)
VARIED GLOSSINESS	:

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated November 10, 2005, Applicants submit the following amendments and remarks.